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TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) POLICY MANUAL

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APPLICATION AND

DETERMINATION OF ELIGIBILITY

10/04

401.1

401.1 BASIC REQUIREMENTS REGARDING APPLICATION -

- A. Request for Assistance - Federal regulations* require that any individual wishing to do so shall have the opportunity to apply for whatever type of federal assistance he chooses. This means that no individual can be denied the right to make application for public assistance, even though they may be potentially eligible in another federal program, e.g., SSI. The worker should assist the individual in selecting the appropriate categories of assistance. It is mandatory that the opportunity to apply be freely available and that no obstacles to application be imposed. An inquiry** which is simply a request for information about eligibility requirements, is to be distinguished from an application. No case folder is to be prepared for an inquiry and no case number assigned. An Inquiry Book, or comparable record, must be kept in each local office for recording the date and notice of each inquiry and the name of the person seeking information.

A request for TANF must include, if living in the same household, the parent(s) and all minor siblings (both natural and adoptive) of the dependent child for whom assistance is requested. The eligibility worker will assist the applicant/recipient in determining who must be included in the request for assistance. If a child for whom assistance is requested is not eligible because categorical requirements are not met, he is a SSI recipient, he receives foster care maintenance payments, **or** he is a child subject to the family cap provision, he will not be included in the assistance unit and his income will not be considered available to the assistance unit.

When a parent or sibling enters the household or circumstances change that may require a parent or sibling living in the home to be included in the assistance unit, his eligibility for inclusion in the assistance unit must be evaluated. The new individual will be considered to be included in the application as of the day he enters the household or, if already residing with the unit, the day the individual's circumstances change requiring him to be included in the unit. A newborn is considered to be included as of his date of birth. The family cap provision per 201.12 may apply to a child born on or after May 1, 1996. If the caretaker refuses to provide the information about an individual required to be included in the assistance unit, it may not be possible to determine the unit's eligibility or payment.

* 45 CFR 206.10(a)(1) and (2)

** 45 CFR 206.10(b)(2)

The Food Stamp Act of 1997 requires that each applicant who is applying for TANF and also wishes to apply for food stamps must be allowed to do so in one interview if all members of the TANF assistance unit will be the same as those individuals who comprise the food stamp household.*

All applications for TANF, except on those on which the household has indicated that it does not want food stamps, shall be regarded as food stamp applications. (At application the household will indicate if it does not want food stamps.) If the household's intention to apply for food stamps is unclear, the local agency shall determine at the interview, or in other contact with the household, whether or not the household wants to apply for food stamps. The local agency shall conduct a single interview at initial application for both TANF and food stamps purposes. TANF households shall not be required to see a different eligibility worker or otherwise be subjected to two interview requirements to obtain the benefits of both programs. (Refer to the Food Stamp Certification Manual, Volume V, Part II, H.)

- B. Where/How Applications are Made - **Application forms must be made freely available to the public upon request.** The request for assistance must be made at the local department of social services in the county/city in which the applicant resides on either a permanent or temporary basis. The application is usually completed in the local department and an intake interview conducted.

Any individual may request that an application be mailed to him. This must be done. An applicant may also file the TANF application by fax or other electronic means to the extent that the local agency can receive such a filing. In these situations the applicant must be advised that an interview with an eligibility worker is required in order to complete the processing of the application. This interview must be scheduled at the earliest date convenient to the applicant and may be conducted either in the local department or in the applicant's home, whichever is more feasible. **Any individual also may request an application on someone else's behalf. If an individual requests an application on someone else's behalf, the local department must provide an application to the individual or mail the application directly to the person on whose behalf the application has been requested.**

- C. Definition of Applicant** - In TANF, the applicant is the parent or relative of specified degree with whom the child is living who has, either directly or through an authorized representative, made application for assistance and whose eligibility has not been determined. An authorized representative must be at least 18 years of age and must have sufficient knowledge of the applicant's circumstances to provide the necessary information. The authorized representative is usually a spouse, a guardian, or another relative who is able to provide the essential information. If there is doubt about whether an individual has been authorized to act on behalf of the applicant, the applicant must be contacted to verify that she/he wishes the other person to act for her/him and a signed statement must be obtained from the applicant and filed in the case record.

* 7 CFR 273.2(j)

** 45 CFR 206.10(b)(1)

An applicant may be assisted in the various aspects of the application process, if he so desires, by an individual(s) of his choice (who need not be a lawyer) and may be accompanied or represented by such individual(s) in subsequent contacts with the agency.*

* 45 CFR 206.10(a)(1)(iii)

- D. Who Completes the Application - If an individual is able to complete the application him or herself, the individual should do so. However, the local agency must assist individuals who have disabilities or language barriers who need assistance filling out the application. This help may consist of reading the application to the individual, explaining the meaning of the questions on the application, writing in the answers, or providing other forms of help. The local agency must inform all applicants verbally that this help is available when the DSS office provides the individual with the application, and must offer this assistance during the interview if there is an indication that the individual has had difficulty completing the application. If the individual needs help completing the application, this help must be provided. If help is needed, the interactive interview must include time to read each section of the application to the applicant, with sufficient explanation and rephrasing to make the meaning clear. During the interview the eligibility worker will enter the information provided into the ADAPT system.

After the interview is completed, the information entered must be reviewed with the applicant. The eligibility worker must also read and explain to the applicant/spouse the statements pertaining to the applicant's responsibilities. Only the signature of the person making the application is required. The signature of the spouse should be obtained if possible but the absence of the spouse's signature will not negate the validity of an application. Additionally, when a minor parent requests assistance for her child and her parent(s), the signature of the minor parent's parent(s) or person standing in loco parentis should be obtained if possible but the absence of this signature will not negate the validity of the application.

If the applicant wishes to change any of the information he has provided or any information as it appears on the application, the worker must make the change in the ADAPT system.

When the application is completed by an authorized representative, it must be signed by such individual. The worker must also explain the responsibility for providing accurate information and the penalties for withholding or providing false statements.

- E. Time Standard for Processing Application - The local agency must provide assistance units that complete the initial application process a decision on their application within 30 calendar days following the application filing date. This time standard covers the day following the date of receipt of the signed application to the date the assistance check or the notification of denial of assistance is mailed to the applicant. (The applicant must be informed of the time standard at the time of application.)

1. Exception to the 30 day processing standard may apply when:
 - a. the applicant has limitations that hinder him from securing verifications. In this instance the local agency must assist the applicant in securing verifications. The BDOA will be the first of the month following the month of application.
 - b. an emergency beyond the agency's control occurs - If an agency delay occurs, and the application was otherwise eligible, the BDOA must be the date of application.
2. At no time should the application remain pending beyond 60 days.

If action is not taken within the time standard, the case record must show the cause for delay and the applicant must be notified via the notice of action of the status of his application, the reason for delay and his right to appeal.

Each application must be disposed of by a decision of eligibility or ineligibility, supported by the facts recorded in the case record.

Exception: Applications disposed of for reasons other than approval or denial will be treated in accordance with the provisions of Section 401.1 (J), Disposition of Application under Special Conditions.

Upon action to approve or deny an application, the applicant must be notified immediately that assistance has been authorized, including the amount of the money payment, or that his application has been denied. The notice must include a statement of the reasons for the action and an explanation of the individual's right to appeal.* Notice to Client of Action must be used to notify the applicant of approval, denial, or delay beyond the time standard.

- F. Method of Application - The local department shall require the applicant to complete the Request for Assistance (032-03-875) and Statement of Facts (SOF) generated by ADAPT. If the applicant is unable to come in for an interactive interview or a manual document is needed for any other reason, the application form prescribed by the State agency which must be used is: the Application for Benefits (032-03-824).

When the initial request is made in the local agency, the individual must be given the opportunity of completing his application on the day assistance is requested. If an interactive interview cannot be conducted on the day assistance is requested, the agency must arrange an interview at the earliest date convenient to the applicant. If the applicant wishes, he may be given an Application for Benefits form to complete elsewhere.

The applicant must be informed that if he withholds or gives false information which affects his eligibility for assistance that he is subject to the penalties of perjury.** It is important that the client understand fully his responsibility for the accuracy and completeness of his statements and the consequence if he withholds or gives false information.

- G. Date of Application - The date of application is the date the signed Request for Assistance or the Application for Benefits form is received by the local agency. If the application form is mailed in or brought in, the date of receipt by the agency must be stamped thereon to identify the date of application.

1. Persons Added to an Ongoing Case

- a. The date of application for adding a required unit member to an approved TANF case is:
- 1) The date the individual entered the home if it is reported timely; or
 - 2) The date it is reported that the individual is in the home if not reported timely.

* 45 CFR 206.10(a)(4)

** Code of Virginia, Section 63.1-107.1

- b. If the individual requesting to be added to an approved case is not a required unit member, the date of application is the date of the individual's request.
- 2. Persons Added to a Pending Application - When an individual is added to a pending application, the individual's date of application is the same as for the application already pending.
- H. Effective Date - The term "effective date" **is the same date as the beginning date of assistance** means the first of the month for which the check is applicable, or in the case of termination/suspension, the last day of the appropriate month. (Exception: The effective date for applications approved in the month of application is the date of authorization.)
- I. Beginning Date of Assistance (BDOA) - When eligibility for financial assistance is determined **within 30 days following the date of application**, eligibility shall begin effective the date of **application**. The date of **application** is the date the **signed application was received by the local agency**. No payment shall be made for a period prior to the date of **application**.

If eligibility is not determined **within 30 days following the date the application was received**, the BDOA will be the first of the next month (month following the month in which the application is received, provided eligibility is determined to exist).

Eligibility must be determined for each month of the application period. Applicants may be ineligible for the month of application and the month of processing, however, if eligibility exist for the future month, approve the application, deny benefits in ADAPT for the month of application and the next month, and grant for the future month.

Refer to Section [401.2.B.2.c.](#) and [d.](#) for adding persons to an existing case.

- J. Disposition of Application Under Special Conditions* - An application may be disposed of for reasons other than approval or denial under the following special conditions. In such cases the "Notice to Client of Action" must be sent.
1. Withdrawal - An applicant may voluntarily withdraw his application at any time during the initial determination of eligibility. This may be done by a signed statement indicating the wish to withdraw the application or may be done by verbal request. The "Notice of Action" must be sent to confirm the applicant's notification that he wishes to withdraw. It can be printed and given to the applicant during the interactive interview.
 2. Inability to Locate - If reasonable efforts to locate the applicant are unsuccessful, the agency must include on the notice to client of action the agency's attempts to locate him or request that he contact the agency. If the applicant does not contact the agency so that a decision can be made within the time standard, the application will be denied.
 3. Death - If the applicant dies before action can be taken on his case, his application is denied and a letter must be sent to the next of kin, if known, advising that an application for public assistance on behalf of the eligible children had been made and is being denied. The case record must contain verification of death, including the date of death.

When an application is disposed of under one of the conditions described above, board action on the case is not required, but the basis for termination must be recorded in the case record. Cases denied under these conditions are recorded statistically as applications withdrawn and should be reported to the local board at its next meeting.

* 45 CFR 206.10(a)(8)

401.2 INITIAL DETERMINATION/REDETERMINATION OF ELIGIBILITY -

Methods for initial determination and redetermination of eligibility shall be consistent with the objectives of the program and shall respect the rights of individuals under the U. S. Constitution, the Social Security Act, Title VI of the Civil Rights Act of 1964, and all other relevant provisions of the State and federal law.*

A. The Intake Interview -

Each determination of eligibility will include a personal interview with the applicant/recipient, or the caretaker-relative of the needy children. The number of interviews will depend on the individual situation. The interviews are scheduled with the least possible delay on the basis of joint planning by the client.

If an applicant is unable to come to the local agency for an interview, the agency may waive the in-office interview and conduct a phone interview, home visit, meet elsewhere, or interview an authorized representative. The agency must waive the face-to-face interview on a case-by-case basis depending on individual circumstances that include, but are not limited to, disability, illness, care of a household member, hardship due to residency in a rural area, prolonged severe weather, work or training hours during normal agency office hours, situations where residents of shelters for battered women and children would be endangered if they were to leave the shelter, or transportation difficulties. The local agency must determine if the reason for the request warrants a waiver of the office interview. The agency must document the case file if it grants or denies a request for a waiver.

The setting that is chosen for each interview is that which best serves the purpose of the interview and is most satisfactory for the applicant/recipient and the agency.

If the applicant formerly applied for or received assistance, the worker should familiarize himself with the content of the record before the interview, in order to plan for a helpful and appropriate interview.

The purposes of the interview are:

- (1) To make certain that information provided is complete and accurately represents what the applicant wants to say about his circumstances.
- (2) To ensure that the request for assistance includes the parent(s) and all minor siblings (both natural and adoptive) living in the home with the dependent child(ren) for whom assistance is requested.
- (3) To determine what information provided needs further substantiation and what, if any, additional information or substantiating evidence is needed to establish eligibility.

* 45 CFR 206.10(a)(10)

- (4) To obtain the additional information needed for a decision as to definitive eligibility.
- (5) To explain to the applicant the provisions of the Division of Child Support Enforcement and the right to claim good cause for refusing to cooperate. The worker must also explain provisions regarding continued DCSE services following the termination of assistance.
- (6) To explain to the applicant his rights and responsibilities.
- (7) To inform the applicant of the services the agency provides.
- (8) To inform the applicant that he may be selected to participate in an audit for a complete verification of information.
- (9) To inform the applicant(s) of the family cap provision.
- (10) To ensure that any necessary help is provided to individuals who might otherwise have difficulty completing the application for literacy, language, or disability-related reasons.**

B. Substantiation of Eligibility Factors

1. Initial Eligibility

The applicant must be advised of the need to substantiate the eligibility factors (e.g., categorical requirements and income) and that he may have in his possession the necessary evidence to establish eligibility. The responsibility of the eligibility worker is to secure, evaluate, substantiate, and record the facts regarding each element of eligibility, including the date of substantiation and the method of securing the information. This information must be entered into the applicant's ADAPT case file to the extent possible. In addition, the worker must complete the Permanent Verification Log (032-03-823A) and either the Evaluation of Eligibility Form (032-03-823) or the ADAPT Verification Form (032-03-366) to record all other information obtained in evaluating eligibility and the benefit amount.

At the time of application, there should be a joint decision between the client and the worker as to how necessary verification will be secured and who will assume the responsibility for securing each. **The worker must provide any assistance unit, that needs and wants help, assistance in obtaining any necessary verifications. If the individual has a disability that impairs the individual's ability to gather the information necessary to establish eligibility for benefits, the worker must offer to assist the individual in gathering such information. In addition, if after the worker and applicant initially divide the responsibility for obtaining verification the applicant is, due to a disability, unable to secure information he or she agreed to obtain, the worker must revise the initial division responsibility and assist with obtaining additional information.**

If, after advising the applicant of the necessary information, the applicant is reluctant or unwilling to provide verifications and refuses to permit the worker to secure them, the worker must consider carefully with him his reasons and explain that without the required verification, eligibility cannot be established. Exception: If the client is unable or refuses to provide verification of categorical requirements for a child who is required to be included in the assistance unit or if the child does not meet the conditions of eligibility, that child will be excluded; however, it may be possible to determine eligibility for the remaining assistance unit members.

If the client decides to assume the responsibility for obtaining the required verification, he must be advised that the information must be provided to the agency within ten (10) days and that failure to do so may affect the decision of eligibility. If the client cannot obtain the necessary information, because of circumstances beyond

his control, and requests the worker's assistance in securing such information, the agency worker must then assume the responsibility for obtaining the needed verification.

When the responsibility for obtaining verification has been assumed by the worker, the client must be advised that if the agency or person from whom verification has been requested does not respond to the request, eligibility cannot be established. In these situations, the Notice to Client of Action must be sent and the case record documented to reflect attempts made to obtain verification. Copies of all relative correspondence must also be in the case record.

If eligibility is established within the original 30-day processing time, the original application date is protected when an application is denied as a result of lack of required verification. The initial application date must be used if subsequent information substantiates the applicant's eligibility. (See 401.3.F.5.)

2. Ongoing Eligibility

When changes occur within the renewal period that affect eligibility or benefit amount, the agency must evaluate the change and take action to adjust the benefit amount, if necessary. The responsibility for changes lies with both the recipient and local agency. The assistance unit must report changes in income and assistance status. Unless exempt, ongoing cases are subject to interim reporting requirements and must file an Interim Report about their circumstances between renewals. The agency must make adjustments in entitlement and benefit amount based on reported changes and for changes the agency initiates.

a. Changes That Must Be Reported

- 1) The following changes must be reported by the assistance unit following case approval:

- Changes in address (a new physical or mailing address); and
- Changes in income that place the monthly income of the assistance unit (composition at approval or most recent renewal) above 130 percent of the federal poverty level (FPL).
- That an eligible child has left the home.

Assistance units must report the changes listed above within 10 calendar days from the date the unit knows of the change, but the report is timely if reported by the tenth of the following month. The 10-day period begins the day the change becomes known to the assistance unit. If the assistance unit is uncertain of the exact date or the exact amount of income that has changed, the 10-day reporting period begins the day the change occurs. The

change may be reported on the Change Report form, by telephone, face-to-face, by mail, or electronically.

The unit may also report a change of its circumstances with the filing of the Interim Report. Changes may be reported by an assistance unit member or any person having knowledge of the assistance unit's circumstances. When the report is made by mail, it may not reach the local agency within the 10-day period. The assistance unit will have met the reporting requirement if the letter is postmarked within the 10-day period. Substantiation of eligibility factors or verification of any change requested by the worker must be provided by the recipient as soon as possible but no later than 10 days from the date the information is requested.

2) Local Agency Action on Changes

The agency must act promptly to terminate or to adjust benefits when changes in the assistance unit's circumstances or income are reported by the recipient, including information about an impending change reported at application.

The TANF case must reflect the following changes:

- changes reported by the assistance unit;
- changes put into ADAPT to meet reporting or policy requirements of another program;
- changes to prevent duplicate receipt of benefits; and
- changes that are considered verified upon receipt, such as notification by the foster care worker that a child has been removed from the home and placed in foster care.

Other information may become known to the agency through other means than listed above. If the change is one that the assistance unit was required to report, the agency must act on the information. If the change is a change that was not required to be reported, the agency must hold the information and evaluate it at the next interim report or renewal, whichever comes first.

Action will be taken according to Section 305.1, page 11.

- b. Substantiation of Eligibility - The recipient must be advised of the need to substantiate eligibility factors whenever a change is reported. When changes that affect eligibility or payment amount occur after the case has been approved, the responsibility for the change lies both with the recipient and the local agency.

If required verification is not obtained or provided in time to prospectively determine eligibility for the next payment or to complete a redetermination by the due date, continuing eligibility cannot be determined and the case will be suspended for one month only. If verification is still not provided, the case will be closed for the month following the month of suspension. (See 401.3.G.4.)

If verification is provided after the action to suspend has been taken, the worker will reinstate assistance for the month of suspension, if appropriate. Or, if verification which establishes continued eligibility is provided after action to close has been taken but before the effective date of closure, the worker will reinstate assistance effective with the month closure was to occur.

- c. Adding Persons Required To Be in the Assistance Unit - The assistance unit must report a new unit member when completing a renewal or Interim Report. If a new unit member enters the home between renewals or Interim Report filing, the report is considered timely provided the individual entered the home after the most recent renewal or Interim Report was completed.

The change to add a person required to be in the assistance unit must be made by the agency within 30 days following the date the new member was reported.

- 1) Eligibility for Payments - Once the agency has secured verification of categorical requirements and conditions of eligibility have been met, the individual's needs and income are to be included in determining eligibility and the amount of future payments.

If verifications and conditions of eligibility are substantiated within the 30-day time frame for adding persons or the 30-day period has passed and the agency can document that the delay in providing categorical verifications/meeting eligibility conditions was due to good cause (beyond the assistance unit's control), payments beginning with the date the change was reported must be recalculated considering the individual's needs and income.

Regardless of whether the new individual's presence is reported timely, if the required categorical verifications are not provided or the conditions of eligibility are not met until after the 30-day time frame established for adding the individual, and the delay was not due to good cause (beyond the assistance unit's control), eligibility for retroactive payments is to be determined beginning with the date the last required verification was received by the agency or condition of eligibility was met. Any underpayments identified must be corrected.

The above procedures will require the proration of the first month's assistance in most instances. (Refer to Section 502.2.A.)

NOTE: Refer to 201.12 for the family cap provision which affects newborn children, some adopted children, and the child subject to the family cap provision who moves back into a parent's home.

- 2) Repayment of Overpayments - If the new individual was not reported timely, overpayments may exist. Follow procedures in Section 503.7.G. to calculate the amount overpaid.

Example: A parent enters the home on October 15 but is not reported to the agency until January 8 of the following year. The last renewal was completed in November, one month after the parent entered the home. All months beginning with the month after the parent entered the home must be evaluated for possible overpayments.

- d. Adding Other Persons - A request to add an individual not required to be in the unit, such as a caretaker-relative other than a parent or EWB, will be processed within the normal 30-day application processing time frame, with eligibility effective no later than the month following receipt of the request per Section 401.1.I.

3. Evaluation of Reported Information - To ensure the applicant/recipient has provided all information necessary for the worker to make a proper determination regarding eligibility, every element on the SOF must be discussed with the client at each application or renewal.

Additionally, when a change is reported by the client, all elements related to the change must be reviewed to ensure continuing eligibility exists.

When statements, either written or verbal, made by the client are deemed questionable, further evaluation of the client's circumstances is required. Questionable information will include, but is not limited to, statements which are:

- a. incomplete or unclear;
- b. inconsistent with statements previously made by the applicant/recipient;
- c. inconsistent with information known by the local agency.

4. Income v. Expenses - In situations where it is obvious the client's monthly expenses exceed verified income, the worker shall discuss with the client how monthly expenses are being met. The worker may not require verification of the client's expenses as a condition of

eligibility. Furthermore, assistance may not be denied or terminated based solely on statements made by the client. Rather, the worker shall take this opportunity to explore the client's situation to determine if unreported income is available which allows the assistance unit to meet monthly expenses. The case record must be clearly documented to accurately reflect the client's substantiation of his/her situation. If the worker and the client are unable to resolve the client's circumstances, attempts to do so must also be documented in the case record. It is important to remember, however, that assistance can only be denied/terminated when income is uncovered which, when verified, exceeds prescribed limits or when the client acknowledges he has unreported income but refuses to verify the source and/or amount.

5. Follow-Up on Suspected Unreported Income - When the agency has reason to believe that a recipient is receiving income that has not been reported, the eligibility worker will follow-up on obtaining information to substantiate the recipient's circumstances. Community complaints, expenses exceeding income, a history of not reporting, and cases with individuals living with the assistance unit whose income would be deemed available are examples of the situations which may indicate the need to solicit additional income information. Forms are available in ADAPT that may be used for this purpose. The case record must be documented regarding the agency's reason for sending the income form. However, the income form is not an eligibility requirement; therefore, negative action cannot be taken for failure to return the form. If the agency chooses not to use the income form, the case record must contain documentation of the attempts to clarify the possibility of unreported income.
- C. Face-to-Face Interviews - **Unless waived**, a face-to-face interview by the eligibility worker is required at the time of initial determination and at least every 12 months thereafter. The face-to-face interview shall be used to obtain verification and to secure information necessary to complete the application/redetermination process. The interview may be conducted in the office of the local agency, the home of the applicant/recipient, or a place agreeable to both parties. Home visits may be deemed necessary or appropriate by the local department.

Practices Specifically Prohibited - The following practices are specifically prohibited:

- (a) Entering a home by force, without knocking or under false pretenses.
 - (b) Making home visits outside of working hours, unless such a visit cannot be arranged during working hours because of the applicant/recipient's employment, or a home visit has been requested by the applicant/recipient. When such visits are necessary, the case record must be documented accordingly. Making visits other than specified is not acceptable under any circumstances.
 - (c) Searching in the home, in closets, drawers or papers, etc.
- D. Recommendation Regarding Eligibility - The eligibility study must be completed as promptly as possible, but in all cases within the time needed to assure the assistance check, or notice of denial is mailed to the applicant within 30 days following the date of application.* When the eligibility study is completed, the eligibility worker is responsible for making a recommendation of eligibility or ineligibility. The recommendation must be supported by the facts recorded in the eligibility case record.
- E. Decision of Eligibility - Federal regulations** require a decision be made promptly on applications, in accordance with the State established time standards, unless the application is disposed of under special conditions.

A decision of eligibility or ineligibility must also be made when eligibility is reconsidered as specified in Section 401.3.***

The Code of Virginia, Sections 63.1-109 and 63.1-114, provides that the decision of eligibility is the responsibility of the local board. However, the Superintendent is to take action with regard to eligibility if the local board does not act within the specified time limits or if the circumstances require immediate assistance to prevent hardships or other action. The superintendent's action in such instances is official and not subject to confirmation by the local board; the case must be presented to the local board at the next meeting, however, for action on continuing eligibility.

Case Action - This is the formal agency action and is required with respect to initial determination of eligibility and, if eligibility exists, the amount of assistance and BDOA; persons eligible for assistance; method of payment and designation of payee, if other than eligible person; changes in amount of assistance payment; ineligibility for assistance.

All case actions must include the effective date of the action taken. In actions regarding an initial payment, this will be the BDOA.

* 45 CFR 206.10(a)(3)

** 45 CFR 206.10(a)(8)

*** 45 CFR 206.10(a)(9)

401.3 RENEWAL OF ELIGIBILITY - Eligibility for TANF recipients must be redetermined on all eligibility factors subject to change at least every 12 months, unless a shorter renewal period is required by Food Stamps.

A. A renewal of eligibility cannot be considered complete and the renewal date cannot be updated in ADAPT until the following requirements have been met:

1. All elements must be reevaluated and substantiated except date of birth; relationship, if the caretaker remains the same; citizenship; and social security number; or
2. If all required elements have not been reevaluated and substantiated, assistance must be suspended in accordance with Section 401.3 G. The time limit on suspension of assistance (one month unless there is a different reason to suspend for a second month) is applicable to renewal suspensions.
3. The month in which the renewal of eligibility is due to be completed is counted from the date of eligibility (include the month of initial eligibility in this computation) and any changes discovered during the review process should be reflected in the following month, unless such changes are prohibited by the time standards.

Example:

Date of Application - July 3
Date of Approval - July 20
BDOA - July 3
Renewal Due - June - Effective July 1
Date of Application - July 10
Date of Approval - August 7
BDOA - July 10
Renewal Due - June - Effective July 1
Date of Application - July 21
Date of Approval - September 5
BDOA - August 1
Renewal Due - July - Effective August 1

B. A face-to-face interview must be completed with the recipient once every 12 months.

1. A face-to-face interview may be conducted in the office of the local department of social services, the home of the recipient, or a place agreeable to both parties which will insure privacy and confidentiality. Home visits may be made as deemed necessary by the eligibility worker based on the recipient's circumstances. If a home visit is made, the eligibility worker must complete the redetermination interview using the Application for Benefits or the Eligibility Review form, Parts A and B.

2. The recipient's rights and responsibilities must be reviewed and explained.
- C. Joint Processing - The Food Stamp Act of 1977 requires that renewals for TANF and the Food Stamp Program be handled in a single interview when the following conditions exist:
1. When all persons in the case receive TANF and food stamps as the same household, and
 2. When the SOF is completed prior to the month or in the same month in which the certification period ends. (Refer to the [Food Stamp Certification Manual, Volume V](#), Part II, H.) The provisions in Section [401.1.A](#). also apply to renewals.
- Joint processing is also required when conducting an Interim Report review. TANF and food stamp cases with the same case number will receive one Interim Report. Information provided must be used to determine both food stamp and TANF eligibility.
- D. Overdue Renewals - In the event that a renewal of eligibility is not completed according to the above, the worker will adjust the time frame by scheduling the intervals at no later than 12 months from the month in which the application is completed. Example: The regularly scheduled renewal was due to be completed in January; however, it is not done until March to be effective April 1. The next renewal will be due in March.
- E. Establishing Separate Assistance Units - A new application must be completed when an individual or family separates from a family group which is receiving assistance and forms a separate assistance unit. The new application must be processed in accordance with policy.
- F. When Completion of a New Application Is Not Required
1. Adding an individual to an existing assistance unit. Verification of all eligibility requirements must be obtained on the new individual and an evaluation of the new assistance unit's need and eligibility must be made. (See [401.2 B.2.c. and d.](#))
 2. A guardian, committee, or personal representative payee is appointed or the payee changes. The new payee, identified as committee or personal representative, must sign a new SOF.
 3. Emergency Assistance is granted to a current recipient of TANF.
 4. The action to deny an application is reversed by a hearings decision.
 5. Action taken to deny an application or close a case as a result of the lack of required verification is reevaluated as a result of information received by the worker within **30 days following** the application date or prior to the effective date of closing and eligibility is determined to exist. (See [401.2.B.](#))

- G. Suspension of Assistance* - The grant may be suspended for one month when the agency has reason to believe that ineligibility will exist for only that month. The grant may be suspended for two consecutive months only when the reason for suspension in the second month is different than the reason for the suspension in the first month. There shall be no instances in which a case is suspended for more than two consecutive months. If the information needed to establish continued eligibility is not provided or renders the case ineligible, the payment for the following month will be terminated and the case closed.

Suspension of a payment is appropriate when:

1. Actual income is being used to calculate the payment according to policy in Section 305.1.B.2. and it is anticipated the recipient will receive a periodic extra pay check in the payment month.
2. Anticipated income causes ineligibility for one month.
3. The agency cannot contact the client and contact is necessary to establish continuing eligibility and the client cannot be located or agency mail to the client has been returned by the post office. The case record must be documented on agency efforts to locate the client. Suspension shall occur as soon as administratively possible.
4. Information needed to verify a change in circumstances or to substantiate eligibility is not provided in time to impact the next payment. (See 401.2.B.2.)
5. The customer fails to appear for a renewal interview.
6. The customer fails to return an Interim Report **(not applicable to FEP cases)**.
7. **The current net monthly support exceeds the current TANF benefit (ADAPT will automatically close the case when net support exceeds the TANF benefit for two consecutive months).**

Exception: The full grant is sanctioned (i.e., the case is eligible for \$0 grant) when a VIEW participant is not in compliance with VIEW work requirements. Since the TANF case is not closed for a VIEW sanction, the sanction is imposed by a suspension of the grant using the appropriate suspension code.

- H. Interim Reporting - Interim report filing is required for all cases, unless they are exempt from filing as noted below. Assistance units subject to interim reporting must file an Interim Report by the sixth month of the renewal period. The assistance unit composition and financial circumstances reported on the Interim Report will be the basis of the TANF benefit amount for the remainder of the renewal period, unless the assistance unit reports additional changes after filing the Interim Report.

1. Exemption from Filing
 - a. All adult members of the assistance unit are elderly (60 years of age or older);

* 45 CFR 233.34(d)

- b. All adult members of the assistance unit are disabled as evidenced by receipt of income payments, such as SSI or Social Security Disability payments. Refer to the Definitions Section of the Food Stamp Certification Manual for a complete list of persons considered disabled for purposes of interim reporting;
- c. All assistance units that are homeless (lack a fixed address and regular nighttime residence). Refer to the Definitions Section of the Food Stamp Certification Manual for a complete definition of persons considered homeless; and
- d. **Any adult member of the assistance unit who is a** migrant or seasonal farm worker (worker who **has** to travel to do farm work and who **is** unable to return to **his** permanent residence in the same day while doing farm work on a seasonal or temporary basis). Refer to the Definitions Section of the Food Stamp Certification Manual for complete definitions of migrant and seasonal farmworkers.
- e. **All payee cases where the payee is a specified relative other than a parent or is a parent receiving SSI.**

All other assistance units are subject to interim report filing.

- I. Interim Report Filing - An assistance unit that is required to file the Interim Report must have a 12-month renewal period. On or about the twentieth of the fifth month of the renewal period, the State Department of Social Services will create and mail the Interim Report to all assistance units so identified by the EW in ADAPT. Upon identifying cases due an Interim Report and producing the information for the Interim Report each month, the ADAPT system will suspend the case's eligibility. A list of cases sent the Interim Report and a copy of the Interim Report for the household will be available to the local agency through the Data Warehouse.

- 1. Client Responsibilities

The assistance unit must complete the Interim Report and return it to the local agency by the fifth day of the sixth month. If a change in circumstances is reported, the assistance unit must supply verification of the changed elements. The assistance unit must provide additional information or verifications as requested by the local agency within the time allowed. In TANF only cases, the caretaker (parent or specified relative with whom the child is living) or an authorized representative designated by the caretaker must complete the Interim Report. In joint TANF/Food Stamp households, the form may be completed and signed by any responsible household member or authorized representative.

2. Agency Responsibilities

The local agency must review the list of cases sent the Interim Report against the returned forms. If an assistance unit fails to return the form by the fifth day of the sixth month of the renewal period, the agency must send the assistance unit another form along with the Interim Report Form - Request for Action (032-03-649). The assistance unit will have 10 days from the mail date to return the second Interim Report.

J. Interim Report Evaluation - The agency must assess Interim Report forms received from assistance units **for completeness, accompanied verifications, and reported changes.**

1. Interim Report Returned Timely - If the assistance unit returns the Interim Report timely and there are no changes in circumstances, the EW must rescind the suspension and reinstate the case in ADAPT. If there is a change in eligibility or grant amount as a result of information received on the Interim Report, the grant must be revised and an adequate notice sent.
2. Interim Report Not Returned Timely - If the returned Interim Report is incomplete or lacks required verifications of reported changes, the agency must send the Interim Report Form - Request for Action (032-03-649), and the original Interim Report to the assistance unit. The unit will have 10 days to supply information, verification, or to complete the form. The agency must photocopy the incomplete Interim Report before sending the form back to the assistance unit.

The agency must consider the report incomplete if:

- The form is not signed by an individual listed in Section 401.3.I.1;
- The unit fails to submit verification of changed income, residency, or assistance unit members;
- The unit fails to provide information needed to determine eligibility or benefit level; or
- The unit failed to address all questions.

The EW must use reasonable judgment to determine if the Interim Report is incomplete. For example, if the assistance unit marks "No Change" on the form for income but supplies new pay stubs, the report should not be considered incomplete.

If a completed Interim Report and required verification are returned within the 10-day time frame, the EW must make adjustments, as needed, to reflect information from the Interim Report in eligibility or benefit amount effective the seventh month. The EW must notify the assistance unit of the benefit calculation based on the Interim Report for the

second half of the renewal period and act to reinstate the case in ADAPT after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the assistance unit of the benefit calculation.

3. Interim Report Not Returned or Returned Incomplete - If the assistance unit fails to return the Interim Report or the follow-up Interim Report or if the assistance unit fails to provide needed verifications and the original Interim Report returned for completion, **ADAPT will automatically close the case at the end of the seventh month if the EW has taken no other action on the case. In order for the automatic closure to occur, the EW must leave the case suspended for the seventh month.** The agency does not need to send either an advance or an adequate notice when the assistance unit fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications.

Automatic Closure Example:

A TANF case is approved and assigned a certification period of December 2004 through November 2005. An Interim Report is mailed on or about the 20th of April. ADAPT will

- ① Suspend the TANF payment effective June 1st
- ② Close the case effective June 30th, if the worker does not update the system based on information received on the Interim Report.

4. Verification Requirements - In order to determine eligibility for the second half of the renewal period, the assistance unit must supply verification of eligibility factors. The unit must provide the following:
 - a. Proof of changed earned or unearned income amounts or source;
 - b. Proof of a change in the assistance unit members; and
 - c. Proof of other elements. The assistance unit may need to verify other eligibility elements reported on the Interim Report as needed.

Note: The assistance unit does not need to submit verification of self-employment or contract income that has been averaged.

401.4 NOTIFICATION TO APPLICANT/RECIPIENT - Federal regulations require that adequate and timely notice be sent to applicants and recipients to indicate that assistance has been authorized, denied, increased, reduced, or terminated.

"Adequate" means that the notice is received not later than the effective date of the action and includes a written statement of what action the agency intends to take, the reason for the action and the specific policy supporting the action. In the case of an assistance unit which has no permanent dwelling or fixed address and is otherwise considered homeless, the notice must be available at the local agency or mailed to another destination agreed upon by the client, such as a nonprofit agency or shelter, local post office, etc., to ensure it will arrive at such destination not later than the effective date of the action.

"Timely" means that the notice is mailed, or available at the local agency in the case of an assistance unit which is homeless, at least ten (10) days before the effective date of the action, excluding the date of mailing and the effective date.

In certain situations timely notice is not necessary but adequate notice is always required.

A. Action Requiring Adequate Notice - Adequate notice must be sent to the applicant/recipient* whenever:

1. Case action is taken to approve or deny an application or a request for an increase in grant; or
2. There has been a delay beyond the time standard in acting upon an application or a request for an increase in grant; or
3. Case action is taken to increase the amount of assistance; or
4. Case action is taken to include an additional eligible person in the grant or to change the number of eligible persons if no decrease in assistance results; or
5. Case action is taken to change the payee or the method of payment;
6. **An assistance unit is due a revised amount of benefits (increase or decrease) or the unit is ineligible for benefits based on the evaluation of a completed Interim Report.**

*45 CFR 206.10(a)(4)

6. A reevaluation of eligibility based on information received within **30 days of the date following the** application date or prior to the effective date of case closing occurs.

The notice shall be sent immediately following the case action or at the expiration of the time standard for processing applications, as appropriate.

The Notice to Client of Action is used for this purpose. The notice shall state the amount of assistance; the amount of the TANF Match Payment (when applicable); the reasons for the action or failure to act and the regulations supporting action taken; and explain the applicant's/recipient's right to request an agency conference and/or to appeal if he disagrees with the action. A copy of the leaflet, "Appeals and Fair Hearings," must be attached to the form if this information is not printed on the back of the form. Fill in the necessary information on the leaflet. (Refer to the [Food Stamp Manual, Part XIX, Appendix I](#), for a list of legal aid offices in the state.) If the appeals and fair hearings information is on the back of the form, the worker must enter information about the local legal aid program on the front of the form.

- B. Other Action Requiring Adequate Notice - The form, Advance Notice of Proposed Action, will be used to provide adequate notice in certain situations, however, it is not necessary to send it 10 days prior to the effective date of the action. The notice must reach the client no later than the effective date of action. In any situation listed below, the assistance check will not be mailed in the original amount. The following situations would warrant an adequate notice.*
1. The agency has factual information verifying the death of a recipient or of the payee when there is no relative available to serve as new payee and no person who can serve temporarily as emergency payee.
 2. The agency has verified that any member of the unit has been admitted or committed to an institution in which he does not qualify for public assistance.* Note: See policy in [201.5.B](#) to evaluate continued eligibility.
 3. The recipient's whereabouts is unknown and agency mail directed to the payee has been returned by the post office indicating no known forwarding address. (The recipient's check must, however, be made available to him if his whereabouts become known during the payment period covered by a returned check.)*
 4. A recipient has been accepted for assistance in a new jurisdiction within the state and the locality previously providing assistance has written evidence establishing that fact.*
 5. The agency has written evidence that the TANF child(ren) has been removed from the home as a result of a judicial determination or has been voluntarily placed in foster care by his legal guardian.*

* 45 CFR 205.10(a)(4)(ii)

6. A special allowance granted for a specific period (for example, correction of a prior underpayment) is terminated and the recipient has been informed in writing that the allowance shall automatically terminate at the end of the specified period.*
 7. When a recipient requests termination of assistance in writing. Such request is made by written statement, signed and dated by the recipient. If the recipient fails to enter the date, the worker must enter the date such statement is received in the agency.*
 8. When a recipient becomes a patient receiving skilled care, intermediate care or similar other long term hospitalization. Note: See policy in [201.5.B.](#) to evaluate continued eligibility.
 9. When the customer provides a signed, written statement:
 - a) providing information which requires termination or reduction of assistance; and
 - b) indicating that the customer understands that action to reduce or terminate assistance must be taken in response to the information provided.*
- C. Action Requiring Timely Notice - Federal regulations,** require that in certain cases of proposed action to terminate, or reduce assistance, the Advance Notice of Proposed Action must be sent to the client. If a change requires both a reduction or termination in public assistance benefits and a reduction or termination in food stamp benefits, the local agency shall issue a single advance notice of proposed action for both the public assistance and food stamp action.*** Timely notice must be sent to the recipient whenever the case is determined to be ineligible and whenever the grant must be reduced based on a change in the circumstances reported by the client or from any other source.

When the proposed action is to sanction a case for noncompliance with the Virginia Initiative for Employment not Welfare (VIEW), advance notice must be given using the Advance Notice of Proposed Action, 032-03-018/21 (Intranet version). A copy of the notice must be sent to the Employment Services Worker to file in the VIEW record. (Refer to [Chapter 1000](#), pages 58-66.)

* 45 CFR 205.10(a)(4)(ii)
** 45 CFR 206.10(a)(4)(i)
*** 7 CFR 273.12(f)(4)(i)

The following procedures are to be followed in preparing the Advance Notice of Proposed Action Form:

1. The form must be mailed to the recipient at least 10 days, whichever is deemed appropriate in accordance with the definition of "timely," before the action taken is effected.

- a. When the action being taken is a reduction, neither the date of mailing nor the effective date is included in the ten (10) days.

Example: Advance Notice of Proposed Action is mailed on the 20th day of June, indicating reduction of assistance effective July 1.

- b. When action is being taken to suspend or terminate benefits, neither the date of mailing nor the date of nonissuance (the first day of the following month) is included in the 10 days.

Example: Advance Notice of Proposed Action is mailed on April 20, indicating that assistance will be terminated effective April 30.

2. The notice must include a statement of what action the agency intends to take.
3. It must include the reasons for proposed action. If the proposed action is to suspend assistance due to the inability to verify a change in the client's circumstances (see Section 401.2.B.2.), the Advance Notice of Proposed Action must also include a statement that if necessary verification is provided, assistance will not be reinstated if such verification renders the case ineligible
4. The specific policy citation requiring the proposed action must be entered.
5. In cases of grant reduction, the new amount of the grant must be entered.

- D. Action Requiring TANF Match Payment Change Notice - A TMP change notice will be sent monthly to each TANF case scheduled to receive a TMP in the following month. The State Department of Social Services will send the change notice only to the assistance units actually affected by the change. The notice will include an explanation of fair hearing rights and responsibilities.

Assistance units must receive the notice no later than the benefit availability date.

- E. IPV Notice Requirements - Refer to Sections 102.5, 102.8 and 102.13 regarding notice requirements relating to IPV policy and ADH procedures.

- F. Neither an advance notice nor an adequate notice is necessary when the assistance unit fails to return a completed Interim Report, provided the agency mailed the assistance unit an Interim Report Form - Request for Action form and another Interim Report or the original incomplete form.

401.5 INFORMATION TO BE GIVEN APPLICANT/RECIPIENT -

In the process of determining eligibility, the worker must provide the applicant/recipient with the following information:

- a. The applicant/recipient's responsibility to provide accurate and complete information to the best of his ability.
- b. Information Regarding Timely Reporting of Changes
 1. Applicants are responsible for reporting required changes within 10 days of the date of the Notice of Action to approve. Required changes that occurred after the face-to-face interview, but before the Notice of Action to approve must be reported within this 10-day time frame.
 2. Recipients of TANF must report income changes when the total income exceeds 130 percent of the federal poverty level based on assistance unit size at the time of approval or the Interim Report evaluation, as outlined in Section 401.2.B.2.
 3. Recipients are required to report address changes (a new physical or mailing address) within 10 days of the change.
 4. **Recipients must report when an eligible child leaves the home.**
 5. VIEW participants are required to report changes in gross countable income of greater than 130 percent of the federal poverty level based on size of the assistance unit, other changes pertinent to participation in VIEW, including changes in the need for supportive services.
 6. Assistance units must complete an annual renewal, unless a shorter renewal period is required by Food Stamps. In addition, an interim report must be submitted by the sixth month of the renewal period.

Applicants/recipients must be advised of changes not required to be reported that may increase benefits, such as loss of income and additional family members in the home.

c. Liability for failing to report changes.

d. Methods of Reporting

The Change Report (032-03-051) must be given, with an explanation of its use.

Changes may be reported by telephone, in person, or in writing.

e. The agency's responsibility to complete the application within **30 days following** the date of application or make indicated changes in amount of payment as necessary.

f. The applicant/recipient's right to appeal if action is not taken on his application or request for an increase within the required time period of if he is dissatisfied with the agency's action.

- g. The requirements with respect to nondiscrimination.
- h. Social services provided by the agency.
- i. Family planning and early screening, diagnosis, and treatment.

All applicants must be informed of the availability and importance of preventive health screenings (EPSDT) for children up to age of 21. EPSDT or Early and Periodic Screening, Diagnosis and Treatment is a program that focuses on the early identification of health problems through periodic well-child assessment, immunization and follow-up care to resolve any identified health problems. All Medicaid recipients up to the age of 21 are eligible to receive EPSDT services. EPSDT does not require any additional enrollment procedures. Discussion about EPSDT services should be supplemented by reviewing either the EPSDT section of the Temporary Assistance Programs booklet or the Department of Medical Assistance Services (DMAS) EPSDT brochure with the applicant.

Most recipients will be enrolled in a Medicaid managed care program and, as a result, should be encouraged to contact their MEDALLION Primary Care Physician (PCP), Health Maintenance Organization (HMO) or the MEDALLION Care Helpline at 1-800-643-2273. Non-managed care eligible recipients should also call the MEDALLION Care Helpline to receive a list of Medicaid enrolled doctors or clinics that provide EPSDT services. The recipient should be informed that transportation is provided for EPSDT services at no charge. If the recipient has any difficulty accessing EPSDT services or has questions or concerns about EPSDT or transportation to an EPSDT provider, they should contact the MEDALLION Care Helpline.

You may also contact the DMAS EPSDT program administrator at 804-786-0194 if you have any questions or concerns regarding EPSDT program policies or procedures.

- j. The need to substantiate all eligibility factors.
- k. The categorical eligibility requirements and conditions of eligibility for TANF.
- l. The requirements regarding composition of the assistance unit, that required unit members are considered part of the unit even if application has not been made on their behalf, and that the client's failure or refusal to provide verification of categorical requirements for a child required to be in the assistance unit, or the child's failure to meet conditions of eligibility, will result in the child's needs being excluded from the assistance unit but his income will be considered available to the remaining assistance unit members.

- m. The provisions of cooperation in relation to the Child Support Enforcement Program. The client must be informed of the responsibility to assist the State or local agency and the consequences for refusing to cooperate, unless good cause for refusing to cooperate has been determined to exist. The applicant/recipient must be given the opportunity to withdraw the application or request the termination of assistance, before the next payment is issued. The appropriate notice must be sent in either situation.
- n. Provisions regarding income and the method by which income will be counted, **including** the lump sum provision.
- o. Provisions concerning treatment of child care/incapacitated adult care disregard as it relates to an individual's employment status and eligibility determination (Section 305.3.B.6.). The applicant/recipient must be given the opportunity to choose either the child care disregard or the child care vendor payment to the provider.
- p. Standard of assistance
- q. Under the VIEW Program, the requirements of the program, the conditions for exemption from this requirement and that all recipients will be notified via mail of specifics regarding participation upon approval of their application. Additionally, the requirement to report all changes relative to VIEW status and the condition of eligibility to participate, if required, must be explained. See Section 901.2 for further details of explanation.
- r. Verification of Information - The applicant/recipient must be advised that all factors of eligibility are verified and that public records, such as Bureau of Vital Records and Health Statistics, etc., are utilized in this effort. The applicant/recipient should also be advised that the records of Virginia Employment Commission (VEC) and Social Security are periodically checked for income.

- s. Upon receipt of a notarized acknowledgement of paternity form, notify the applicant/recipient that paternity has been established.
- t. The applicant/recipient must be advised that if any individual who is included in the A.U. does not have a SSN it must be provided or proof of application must be provided.
- u. The applicant/recipient must be advised that when current support, greater than \$50, is being collected by the Division of Child Support Enforcement, the TANF recipient may receive a TANF Match Payment per Section 304.4.
- v. Provisions regarding continuation of DCSE services following the termination of assistance.
- w. The provisions described in Section 401.1.A. regarding the single interview and joint application process for TANF and food stamps must be explained to the applicant/recipient.
- x. Provisions for transitional child care benefits per Section 401.7.
- y. In situations where the assistance unit is homeless, the worker must explain the need for the caretaker to keep in contact with the local agency and/or frequently check the mutually agreed upon destination where correspondence and checks will be mailed. The case record must be documented to reflect where the unit wants to receive notices and checks.
- z. Provisions of the family cap policy per Section 201.12.
- aa. 60-month limit on receipt of TANF provision.
- bb. The applicant/recipient's right to voter registration services in accordance with the National Voter Registration Act of 1993. Refer to Appendix II of Chapter 400 for applicable policy.
- cc. **Information on the right to disclose a disability to the agency, and the benefits of doing so by providing the form, "Do you have a disability? (032-03-670).**
- dd. **The fact that applicants and recipients with disabilities are entitled to reasonable accommodations in all aspects of the TANF program, including:**
 - 1. **Help filling out the application, gathering documents and verifying information establishing eligibility for benefits;**
 - 2. **Modifications to program requirements if necessary;**

3. **Help with filing appeals or grievances if needed as the result of a disability;**
- ee. **The fact that the individuals with disabilities should request reasonable accommodations if they feel they need them.**

The worker must explain that certain contacts, when appropriate, require written consent (i.e., doctors, banks, etc.).

In addition to being given the above information orally, the applicant must be given the "Temporary Assistance Programs" booklet (Form #032-01-002), the "Virginia Medicaid Handbook," and the "Child Support and You" booklet (Form #032-01-945). A recipient who indicates at the time of the review that he does not have a copy of the Temporary Assistance Programs booklet must be given a copy.

401.6 IMPACT ON MEDICAID

See the [Medicaid Manual, Volume XIII](#), to determine Medicaid eligibility for TANF applicants/recipients.

401.7 TRANSITIONAL CHILD CARE BENEFITS

When a case is closed to TANF, ADAPT generates a notice of potential eligibility for transitional child care which is sent to the agency PID dedicated to print service notices. The agency is responsible for mailing the notice to the client and filing a copy in the case folder.

Refer to the Services Manual, Volume VII, Section II, Chapter D, to determine eligibility for transitional child care.

401.8 REFERRAL FOR VICTIMS OF FAMILY ABUSE

When the eligibility worker learns about a situation where an applicant/recipient of TANF may be a victim of family abuse, the individual should be referred to local resources for supportive services. If local resources are not available, the Family Violence Hotline number, 1-800-838-8238, should be given.

Family abuse is defined in the Virginia Code of Section 16.1-228 as "any act of violence, including any forceful detention, which results in physical injury or places one in reasonable apprehension of serious bodily injury which is committed by a person against such person's family or household member".

402.1 INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS)

Section 1137 of the Social Security Act requires states to coordinate data exchanges with other federally assisted benefit programs and to use that information when making eligibility determinations for TANF recipients. The federal statute requires that information obtained through these data exchanges be verified by a third party, not the IEVS source, prior to impacting the eligibility of the TANF case or the amount of benefits. The exception to the prior statement is Social Security benefits. Chapter D, page 7, of the IEVS Manual provides instruction to local departments of social services in the use of the information obtained through IEVS. Local workers must complete a Benefit Impact Statement for each TANF case for which it receives an IEVS match.

The Income Eligibility Verification System (IEVS) provides information by running matches of the client population against the files of other state and federal agencies. These include:

- the Social Security Administration for SSI benefit information (SDX) and earnings information from the Benefit Exchange Earnings Records (BEERS);
- the Virginia Employment Commission for NEW HIRE information; and
- the Internal Revenue Service for unearned income, such as interest (RES).

The purpose of the matches is to determine whether available information is known to the local social services department.

Information about SSI benefits from the SDX is considered verified upon receipt because the provider of the benefits (SSA) is also the source of the information. The local agency must take action to terminate, deny or reduce benefits, including proper notices to the assistance unit, without needing additional verification. If the information, however, is questionable, the agency must resolve the discrepancies before taking action.

Information from other IEVS matches is considered unverified. Prior to taking action to terminate, deny or reduce benefits, agencies must independently verify the amount of the asset or income involved, and whether the asset or income is or was accessible to the assistance unit.

The agency must obtain independent verification of information obtained from IEVS by contacting the assistance unit and/or the appropriate source of the income. If the agency opts to contact the assistance unit, the contact must be in writing, informing the assistance unit of the information received, and requesting that the assistance unit respond within 10 days. If the assistance unit fails to respond in a timely manner, the agency must send an advance notice to suspend or terminate the case. The agency may contact the appropriate source of the information. Once independent verification is provided, either by the assistance unit or the source, the agency must properly notify the assistance unit of the action it intends to take and provide the assistance unit with an opportunity to request a fair hearing prior to any adverse action.

403.1 FAMILY BASED SOCIAL SERVICES POLICY - An effective social service and public assistance system is designed to meet the basic needs of citizens who need help. The system shall provide services within the needy citizen's home community and within an environment that promotes family stability whenever possible. In order to accomplish effective social and public assistance services within Virginia's locally administered, State supervised system, each local department must administer programs based upon a philosophy of family based social service delivery.

Benefit programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Initial determinations and redeterminations of eligibility are based on a process of the gathering of information relevant to the family's situation in order to assess the need and eligibility for benefit programs. This process also includes an assessment of need for service programs and other resources to assist the family. If other needs exist, the family is to be referred for appropriate services or resources within the agency or community.

Additional information on Family Based Social Services is contained in Volume I, and Volume VII, Section I, Chapter A.

403.2 CHILD HEALTH SCREENING SERVICES - Applicants for and recipients of **TANF** must be advised of the availability, for all children up to age **21**, eligible for Medicaid, of the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT). See **401.6.i**.

403.3 PROTECTIVE SERVICES - Federal regulations require that protective services be made available to any child in whose behalf **TANF** is being requested or received when it appears that the child is being neglected, abused, or exploited or in a situation which is otherwise detrimental to his welfare. If the eligibility worker has reason to believe that a child, on whose behalf **TANF** is being applied for, or received, is in an unsuitable environment because of known or suspected instances of physical or emotional injury, it is the responsibility of the eligibility worker to make a referral to the services staff for protective service.

Known or suspected instances of physical or emotional injuries include instances of sexual abuse or exploitation, and negligence and/or maltreatment of such child under circumstances which indicate that the child's health or welfare is threatened.*

403.4 FOSTER CARE - When a child eligible for **TANF** has been removed from his own home by a judicial determination that remaining in the home is contrary to his best interests, it is the responsibility of the agency to provide AFDC-Foster Care as specified in **the AFDC-FC Manual**.

403.5 EMPLOYMENT SERVICES - Employment services **through Virginia Initiative for Employment not Welfare (VIEW)** must be provided to assist **TANF** applicants/recipients in achieving employment and self-sufficiency. Referral to the **VIEW** staff should be made upon request or as required by policy.

Individuals who have been determined to be exempt from VIEW on the basis of incapacity, must be referred to the appropriate State Vocational Rehabilitation Agency.

403.6 CHILD CARE (DAY CARE) SERVICES - Child care services are the provision of care and related services for the child in the absence of the parent or care taker relative during a part of the 24-hour day. Child care services must be provided, when such service is not available without cost for children found eligible for a TANF money payment, when day care is needed to enable the parent or caretaker-relative to accept or continue in employment or appropriate training leading toward employment.

Day care and related services are provided by the local department, either through an agency operated child care center or through a vendor service payment to the provider of care. Day care may be provided in the child's own home or outside the home. The service staff is responsible for the provision of this service, including authorization of the vendor service payment. The eligibility worker is responsible for advising the applicant of the availability of this service and for referral to the services staff of all cases in which day care is needed as indicated above. It is the responsibility of the service worker to assist the client with planning for day care and to authorize a vendor service payment.

403.7 PREVENTION AND REDUCTION OF OUT-OF-WEDLOCK BIRTHS - Public Law 104 - 193, Section 401, requires states to establish goals and take action to prevent and reduce the incidence of out-of-wedlock pregnancies. Local agencies should have knowledge of social, medical, educational, and other services geared toward the prevention of out-of-wedlock births and the strengthening of family life available in their locality, in order that such services may be offered.

403.8 OTHER SERVICES - These services are those which are geared toward meeting particular needs of families and children and the applicant/recipient should be referred to the service worker as needed or upon request. They include:

1. assisting children to obtain education in accordance with their abilities;
2. assistance to families in improving living conditions;
3. assistance in reuniting families;
4. assistance in money management;
5. assisting parent in child rearing.

* 45 CFR 233.90(a)(2)

VIRGINIA LEGAL AID PROJECTS

See [Food Stamp Manual](#), Volume V, Part XIX, Appendix I, for a list of Virginia Legal Aid Projects with addresses, phone numbers, and areas served.

The National Voter Registration Act of 1993 (NVRA) requires local social services agencies to offer each customer of **TANF**, Food Stamps and Medicaid an opportunity to apply to register to vote at initial application and each review of eligibility. Additionally, voter registration application services must be provided any time a change of address is reported to the local agency in person. In complying with the requirements of the NVRA, local agency staff must provide each applicant and recipient the same degree of assistance in completing their voter registration application as they do in completing the application for public assistance.

- I. Prohibitions - Local social services agencies and agency staff are prohibited from the following activities when providing voter registration application services:
 - A. seeking to influence a customer's political preference;
 - B. displaying any political preference or party affiliation;
 - C. making any statement to the customer or taking any action the purpose or effect of which is to discourage the individual from applying to register to vote; or
 - D. making any statement to a customer or taking any action the purpose of which is to lead the individual to believe that a decision to register or not register has any impact on the individual's eligibility for assistance or the benefit level that they may be entitled to receive.
- II. Voter Registration Services - Each local social services agency must provide the following services:
 - A. distribution of voter registration application forms;
 - B. assistance to customers in completing the registration application form, unless such assistance is refused, and ensuring that all spaces on the form are completed;
 - C. **insuring that the certification statement on the application for benefits or statement of facts is completed; and**
 - D. acceptance of voter registration application forms for transmittal to the local general registrar.
 1. Each completed registration application must be submitted to the local general registrar every Friday (if Friday is a holiday, the forms must be forwarded to the local registrar on the last working day before Friday.) Completed forms are to be forwarded to the local registrar in an envelope, notated with an "A" in the upper left-hand corner and listing the number of completed registration applications included in the envelope.

2. For split/combined agencies, all voter registration applications are to be transmitted to the general registrar in the locality where the local social services agency is located.
3. If the individual chooses, he/she may take a voter registration application to be mailed to the State Board of Elections at his/her own cost.

The only exception to offering voter registration application services is when the customer has previously indicated that they are currently registered to vote where they live, there is a completed agency certification form, **application for benefits, or statement of facts** in the customer's case record indicating the same, and the customer has not moved from the address where they stated that they were registered to vote.

III. Forms

- A. Voter Registration Application - in Virginia, one voter registration application form will be used to serve a twofold purpose:
 1. the voter registration application will be completed by the customer with necessary assistance from local agency staff during the application/review process and left at the local agency for transmittal to the local general registrar; or
 2. for customers who do not wish to complete the voter registration during the application process, they may take a voter registration form for mail-in registration.

IV. Individuals Required to be Offered Registration Services - In order to be offered voter registration services, an individual must:

- A. Be a member of the **TANF** assistance unit/Food Stamp household/Medicaid family unit.
- B. Be at least 18 years old by the next general election. General elections are held in all localities on the Tuesday after the first Monday in November or on the first Tuesday in May to fill offices regularly scheduled by law to be filled at those times. If any question arises as to whether the individual will turn 18 before the next general election, complete the registration application and the local registrar will determine if the individual may be registered.
- C. Be present in the office at the time of the application/review interview or when a change of address is reported (if a change of address is not reported in person, a registration application will be sent to the individual upon request for mail-in purposes.) Any change in household/assistance unit/Medicaid family unit composition that does not occur concurrent with an application/review or change of address will be handled at the next scheduled review.

Any individual accompanying the customer to the local agency who is not a member of the assistance unit/household (including payees and authorized representatives) will not be offered voter registration services by the local agency; however, a registration application is to be provided to the non-unit member upon request for mail-in purposes.

Any request for a mail-in application for assistance must include a mail-in voter registration application. When an authorized representative is applying on another individual's behalf, the local agency is to offer a mail-in application. In both situations, the bottom of the certification form is to be completed accordingly.

- V. Voter Registration Application Sites - Local social services agencies are required to offer voter registration application services at each local office (including satellite offices) for applicants/recipients of **TANF**, Food Stamp, and Medicaid assistance. Voter registration application services are not to be offered by outstationed staff taking Medicaid applications at hospitals/local health departments or by Medicaid staff at the state's Mental Health, Mental Retardation, and Substance Abuse facilities.